FOR INSTRUCTIONS, SEE BACK OF FORM	Reset Form	FORM	
DISCLOSURE S MARY PAGE	Accession 111	DR-2	DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organization)	12 574103 2540	(Rev. 12/2005)	REPORT
IMPORTANTO Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State P (4) County Central Committee (5) County Candidate (6) City Candidate (7): Political Subdivision Candidate (8) County PAC (9) City PAC (10) School B Subdivision PAC (11) Local Ballot Issue	AC (3)State Party School Board or Other	For Office Use Or Comm. # Logged In Scanned Computer	1526 URS
CANDIDATE COMMITTEES ONLY:		Audited	77.00
Beth Wessel-Kroeschell Der Office Sought District Representative-IA. House	Party (if applicable) 200 CRA (if Senate or House)	File with: lowa Ethics and Disclosure Boar 510 E. 12 th , Ste. Des Moines, low Fax: 515-281-37	d 1A va 50319
Late reports are subject to possible civil and criminal penalties. Pursuant to low the candidate, for a candidate's committee, and the chairperson, for any other	va Code section 68B.32A(7) type of committee, is the		
individual responsible for filing timely and accurate reports.	type or committee, is the	/	
Jun & Blesser	515-292-3018	- ()
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	DATE SK	SNED
I AM FILING A JANUARY 19, 2008 REPORT (report date) CHECK IF AMENDMENT TO REPORT DATED	Indicate by # 🔼	ELECTION YEAR. Committees, enter Da	ate of Election
Charles the second seco		,	
Check if this is final (termination) report and attach Notice of Dissolution Form (You must continue to file reports until a DR-3 is filed.)	County	y & Local Committees Election is held	s, enter County in
			-
CASH ON HAND at the beginning of the reporting period. (Total of all funds hele committee. This amount MUST be the same as the cash on hand at the of the last reporting period or must be zero if this is first report filed.)	d by the	s 800	6.67
ADD TOTAL MONEY TAKEN IN THIS PERIOD			
Schedule A: Cash Contributions total (Attach Schedule A) (*also see	in-kind below)	805	2.00
Schedule F: Loans Received total (Attach Schedule F))
Schedule H: Total Sales of Campaign Property (Attach Schedule H)			
(Schedule H applies to Candidates' Committees Only)			
,	SUB-TOTAL	.\$ E = =	-6 / 7
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		8 885	8.61
Schedule B: Expenditures total (Attach Schedule B) (**also see debts	s and loans below)	_134	3.87
Schedule F: Loan Repayments total (Attach Schedule F))
CASH ON HAND at the end of this reporting period (if final report balance must			
be zero) (Attach DR-3)		s <u>75</u> /	14.84
**UNPAID BILLS (From Schedule D - Attach Schedule D)		s 288	-00
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)			00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)			
CONSULTANT BREAKDOWN (Schedule G Attached?)			
		YES NO)
CANDIDATE COMMITTEES ONLY:		YESNC)
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)		YESNC)

For	Instructions,	See	Back	of	Fq
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(Including candidate's personal funds)	
COMMITTEE NAME (Must be same as on Statement of Organization) Colorers for Wessel-Kroeschelf	 CK THIS BOX IF

STATE CANDIDATES NOTE: IF K CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
RECEIVED	(if applicable)		TO CANDIDATE	RECEIVED	FUND-
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)	1	RAISER
	ID#				INCOME
2 24	,	Robert Kerksieck		\$,
3-24-07	CK#	621 GARden Rd		25	1/
		Ames 0 50010		23	
4	ID#	RANDI PETERS			
	CK#	3127 GREENWOOD Rd			1
		Ames 0 50014		30	
u	ID#	CAROLE B BROWIL			
	CK#	1204 ORCHARD DR.			1
		Ames (50010		100	1
ic	ID#	IRENE BEAUERS			
	CK#	2200 HAMILTON, Apt. 208			
	UN#	Ames 0 50014		150	
٤,	ID#	MARGARET Johnson			-
	014"	MARGAREI JOHNSON			
	CK#	608 Hodge Ave	•	50	
4	ID#	HAROLD + MARQUERITE Ma	11.11	00	
•		MAROLO + MARQUERILE MA	NABB		
Ì	CK#	1232 Wisconsin Aue		100	
	ID#	Ames 0 50014			
23:	1U#	Deber Perry			
3-31-07	CK#	1434 K. AUE		1	4
	15.0	Neunda, IA 50201		100	
и	ID#	JEHNNETTE S. BOHNENKAMP			
	CK#	2222 BARR DR.		3.3	1-
		Ames O Soulo		20	
и	ID#	MARlys Young			
	CK#	1902 Northerest Circle			
		Ames 0 50010		50	
и	ID#	STEWART L. BURGER			
-	CK#	623 CRYSTAL ST.			4
	UN#	Ames (50010	Ì	100	į
	<u> </u>		SUB-TOTAL		
		•	CODTICIAL	1.45	

TOTAL (if last page of this schedule)

Page _____ of _____

SCHEDULE

MONETARY

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions,	See	Back	of	Form	

(Including candidate's personal funds)

COMMITTEE NAME	(Must be	same as	on Staten	nent of Organization)	
~/ -	,		Λ	• • • • • • • • • • • • • • • • • • • •	

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS		
CHECK THIS BOX IF			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
3-24-67	ID# CK#	JASMINE BSENGRAUE 318 WESTBROOK LN AMES 50014		\$ 50	V
ie	ID# CK#	BARBARA PETERSON 905 ARIZONA AUE AMES 50014		10	
li	ID# CK#	MARGARET THIT 2434 HAMILTON DR.		100	ν
11	ID# CK#	Ames 50014 JOANNA COURTERY 1120 GARFIELD Ames 50014		100	V
11	ID# CK#	LARRY LARSON P.O. BOX 122 SIATER, TA 50244		50	V
<i>W</i>	ID#	Edward Carbrey 3313 Marningside Ames 50014		30	V
u	ID#	Susan Radke		20	V
10	ID#	Nevada, IA 50201 Ellen B. Hadwiger 1118 Scholl Rd. Ames 50014		50	V
4	ID# CK#	Lowell Greimark 1518 137 ST. Ames 0 50010		100	L
u	ID# CK#	JANE Thomas ZHRING 1995 N. MENDEW GleNN	2 4.	30	L
		Ames 50010	SUB-TOTAL	\$540	

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Page 2 of 9

TOTAL (if last page of this

schedule)

For Instructions, See Back of Fo

CONTRIBUTIONS -- MONEY TAKEN IN .

(Including candidate's personal funds)

COMMITTEE NAME (Must be	same as on Statement of Organization)	
COMMITTEE MAINE (MUSI DE	same as on statement of Organization	
/ -		
/		
1.11.10.1	for Westel - Kroeschell	
- Dogwa	1 : Comment	
		~

SCHEDULE	MONETARY			
(Rev. 06/97)	RECEIPTS			
CHECK THIS BOX IF AMENDING FORM				

STATE CANDIDATES NOTE: IF ACONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
3-31-07	ID# CK#	Thomas Weber 430 Lynn Ave Ames 0 5 0014		\$ 50	V
Ч	ID# CK#	Susie Petra 2011 Ouff Ave Ames 0 50010		25	V
U	ID# CK#	Douglas B. Haviland 1239 Wisconsin Ave Ames () 50014		25	V
i(ID# CK#	Julie Wehling Popker 920 Clark Ave Ames 50010		50	V
11	ID# CK#	JAN L. FloRA 1902 George Allen Ave Ames 0 50010		150	V
iı	ID# CK#	Jennifer GARST 708 Brookridge Ave: Ames () 50010		50	V
"	ID# CK#	ANN H. CAMPBELL 428 PEARSON AUR Ames () 50014		50	1 /
u	ID# CK#	DORIS M. FOELL 1006 ARIZENA AVE AMES, IA 50014		20	ν
"	ID# CK#	HANNA R. GRATINGHL 2003 AShmore OR Ames 0 50014		25	V
	ID# CK#	Leslie Osam Pensack 317 S. Wilmoth Ave Ames () 50014		50	
			SUB-TOTAL	110/	J

TOTAL (if last page of this schedule)

Page 3 of 9 (for Schedule A)

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For Instructions, See Back of For

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wessel Knoeschelf

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
3-31-07	ID# CK#	Selden E. Spencer 823 Ashwood Dr. Huxieu I.A 50124		\$ 50	4
4	ID# CK#	HUXING I.A 50124 CINYTON A. Swenson 2308 HAMILTON DR. Ames C 50014		50	<u></u>
4-6-07	ID# CK#	JAMES A. GAUNT 3423 Clinton CT Ames 50010 Teresa Resemberg		35	4
и	ID# CK#	Teresa Rosenberg 811 Ridgewood Ave Ames () 50010		35	V
te	ID# CK#	LISA Heddens 4544 543 th are		25	V
i/	ID# CK#	JAMES () 50014 JANICE CHIENTINE-BRYANT 2516 Woodview OR. Ames () 50014		25	V
A	ID# CK#	Ames 50014 Cheryl Langston 1710 Northwestern Ave Ames 50010		25.	V
и	ID# CK#	Geoffrey Abelson 1414 Glendale Ave		20	U
И	ID# CK#	Ames 50010 CAROL LAMB 1451 T RUMAN PIACE Ames 50010		20	4
u,	ID# CK#	M.L. VAN WALIN 301 Westbrook LN Ames 50014		20	_
			SUB-TOTAL	2.1	

TOTAL (if last page of this schedule)

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Page 4 of 9 (for Schedule A)

For Instructions,	See	Back	of	F	
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(Including candidate's personal funds)

0014447777		
COMMITTEE NAME (MI	ust be same as on Statement of Organization)	
(1/1000)	or Wend-Kroeichell	
- Conzens	" (West of 11 tourner	

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
CHE AMEI	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	1 41401111	
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER		TO CANDIDATE*	RECEIVED	V IF FOI FUND- RAISER
	ID#	01 11 - 0 -			INCOME
4-6-07	CK#	Phyllis Peters		\$	
7-6-07		Am es 50010		30	10
И	ID#	JANE HALLIBURTON			
	CK#	1128 RoosavelT PH Ames O 50010		100	1 6
<u> </u>	ID#	DAVE BROTHERSON		100	
	CK#	400 Ash Ave		100	i c
11	ID#	pmes () 50014		100	
••	CK#	HERMANC QUIRMBACH 1002 JARRETT CIRCLE		,	V
it	ID#	JOAN Dubberke		100	
	CK#	1523 CARROLL Ave			
		Ames () 50010	·	50	
, u	ID#	BRENT WYNIA			
	CK#	PATRICIA A. Miller		50	W
U	ID#	PATRICIA A. Millen		<u> </u>	
	CK#	4024 RDSS Rd.		50	Ĺ
4	ID#	Robert T. Anderson		00	·
	CK#	2614 Camden DR		5000	Û
le	ID#	NANCY C. MARKS		00	
	CK#	NANCY C. MARKS 1625 24Th ST.			i
u	ID#	Ames 50010		50	
	CK#	MARY Richards 3217 West ST			
		Ames 0 500/0		50	
			SUB-TOTAL	(2)	

TOTAL (if last page of this schedule)

Page 5 of 9 (for Schedule A)

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For Instructions,	See	Back	of	F	ì
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(Including candidate's personal funds)

COMMITTEE MANER OF	
COMMITTEE NAME (Must I	be same as on Statement of Organization)
1	1
l'exemple	$l \rightarrow l \rightarrow 0 \rightarrow l \rightarrow l$
Co Co Juno .	for Wend-Kroeschell

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
CHE AMEI	CK THIS BOX IF

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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		:			
DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
	ID#	Amy ANDREOTTI			INCOME
4-6-07	CK#	321 PEARSON AUE Ames 05 0014		\$	1 c
	ID#	SANdar Kay MaJimsey		100	<u> </u>
μ	CK#	2236 STORM ST			1 e_
li	ID#	#mes (50014		100	
**	CK#	MATTHEW W. OUNHAM 839 WEST N. AUR		3.0	
	ID#	Neurda OIA 50201		25	C
4		Jon Fleming			
	CK#	401 PEARSON 50014		150	10
K	ID#	OOROThy L Tschopp McGee			
	CK#	2924 Wood I AND		100	
11	ID#	Ames 50014		100	ļ
	CK#	BARBARA J. GWIASDA 3420 EISENHOWER AMES 50010		2.	4
ìı	ID#	Da = 1 (1) T =		25	ļ
	CK#	PASS The HAT AT MARCH 30 Fundraisen		112	1
	ID#			110	,
4-30-07	CK#	FAITH W FINNEMORE 2107 North CREST DR.	,.	500	-
	ID#	Ames () 500/0		00	
5-30-07	CK#	Roger C. JACOBSON 2435 Aspen Rd # 204		المحمد	<i>i</i>
	104	mes 50010		1000	
5-30-07	CK#	Beorge Kizer 3919 DAWES DR.		500	
		Ames 50010	SUB-TOTAL		
			OD-TOTAL	・フィコー	

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Page 6 of 9 (for Schedule A)

TOTAL (if last page of this

schedule)

For Instructions, See Back of Fe	For	Instructions,	See	Back	of	F)
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(Including candidate's personal funds)

,	☐ CHECK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)	AMENDING FORM
Citizens for Wessel-Kroeschell	

STATE CANDIDATES MOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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	DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
	RECEIVED	(if applicable)		TO CANDIDATE*	RECEIVED	FUND-
	(MM/DD/YR)	AND PAC CHECK		(if applicable)		RAISER
	(NUMBER		(ii application)		
						INCOME
		ID# 6067	IOWA HEALTH PAC		i	
		•			. .	· .
	7-8-07	CK# 7/	6750 Westown PKWY #100			
	1-0-01	CK# 3659	1:25		200	
1			West Des Moines, IA 50266		<u> </u>	ļ <u>.</u>
		ID#	ERIKA HERREN AndERSON			
	1/	•	L KINA TIERIECI FINGER 3010			ľ
	'	CK#	4400 EPTRUE PKWY #18		1/22	
			Wast Da Marine TA 50765	-	100	i i
		15."	West Des Maines IA 50265			
	/ 11	10# 15266318:	I-VET PAC		1	
			1605 N. Ankeny Blud, STE 110		1	}
		CK# 2072			100	-
		3012	Ankeny, IA 50021		100	
		ID# _	7.77		·	
	/"	ID# 6356	Freedom Fund PAC			
, ,		•	1131 37		i .	
		CK# /434	1171 - 77 ST 50314		100	
		1734	Des Moines, IA 50314		100	
ı	,	ID# / 5///	TTOCALO			
	i.	ID# 6046	JUSTICE FOR ALL PACE			
10.1		014#	218 6Th Aug 5TO 571			
	. 1	CK# 4308	1/0E, 01E 346		100	ł
- 1			Des Momes, IA 50309		700	
	/	ID# 6058	Towns Class T 5 /	PAC		
J	~ "	6030	1605 N. ANKENY, STE 100	, <i>F</i> // C		
		CK# //	1605 N. Ankeny, STE 1001		1. ~	
ı		CK# 4019	71	•	100	
- 1			Ankeny IA 50033			
- 1	11	ID#	Alicia Claypool			i
ŀ					,	· ·
1		CK#	5754 GAllery CT		1 >	j
l		1	West Des Moines LA 500	5//	100	I
ŀ		15.11		Q Q K		
1	/1/	ID# 6075	LOWA NURSES ASSOC, PAC			ı
l l	/ "	4010			·	i
i		CK# 1635	1501 42 5T STE 471			1
_		1655	WEST DES Moines, TA 5006		・フロ	ł
		ID#		Ψ		
ŀ	1/	10#	BARBARA Lee BOATWRIGHT 2331 Enst 39 TCT			i
1	1		2331 Fuet 3971CT			i
ł	1	CK#			50	1
- 1	Ì		Des Moines, IA 50317			
r	11	ID#				
ľ	"		Jodee L. Winterhof			. [
- 1	1		10.10th ST. # 307			j
1	ĺ	CK#	,		25	1
L			Des Moines 30309			
				SUB-TOTAL		
					\$925	

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Page ______ of _____9____

TOTAL (if last page of this

schedule)

SCHEDULE

(Rev. 06/97)

MONETARY

RECEIPTS

For Instructions, See Back of Fo

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	· · · · · · · · · · · · · · · · · · ·
/Y	. 1 ^	
(elisens)	for Wenel-Kroeschel	//
	- Joseph Commen	<u>′</u>]

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	1 / 15 505
RECEIVE	(" -PP-10-0-0)		TO CANDIDATE*	RECEIVED	√ IF FOR FUND-
(MM/DD/Y	(R) AND PAC CHECK NUMBER		(if applicable)		RAISER
					INCOME
1/2-	ID# 6070	IOWA LAW MAC -].		
7-8-0	07 cк# 3502	521 EAST LOCUST ST. 3 =F	7	\$	
	1 250 %	Des Moines 50309	1	100	
	ID#	Amy Campbell-Fleming		 ' _	
"	CK#	This chapter teming			
	UN#	2125-48MST.		25	
11	ID#	Des Moines 50310			
"		JUSAN E. Judkins			
	CK#	14067 S. Shore DR		J	i
	15.11	Clive IA 50325		50	
"	ID#	Andrew J. Brumert			
1	CK#	5068 Conchlight DR.	i e		
		West Des Moines 50265		30	
11	ID#	Linda K. Goeldner .			
"	014			-	
	CK#	4038 Kingman Blod.		25-	
"	ID#	Des Moines 50311			
"		Paulee Lipsman			
I	CK#	2880 COKAND AND 4 INL		25	
		MATTHEW W. BARZUN			
0 -	ID#	MATTHEW W. BARZUN			
0-15-0	7 ck# //20	831 Cherokee Rd	Į.		
		Louisville, KY 40264		1000	
1	ID# 6067	IOWA HEALTH PAC			
10.12	7 004 3 3	16250 Wastawa DL K.	l		ļ
10-12-0	7 CK# 3716	6750 WesTOWN PKWY, 4/60		00.00	l
7	•	West Des Maines IA 50266		20000	
<i>X</i>	ID# 8087	INTERNATIONAL Assoc. of Fine Fight	Ters	.	ŀ
10-12-07		1750 New York Ave. NW.		, ,	I
		WAShingTon, DC 20006		100000	i
	ID#	MARQUERITE MONABL			
11	CK#	1232 WISCONSIN AUE		-	
		Ames 50014		25	İ
P-1-1			CUD TOTAL		
			SUB-TOTAL	2 -	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 8 of 9 (for Schedule A)

TOTAL (if last page of this

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

IN	Reset Form	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS	
Statement of Organization)		CHEC AMEN	CK THIS BOX IF NDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Litizens for Wessel - Knoeschell

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF ASSISTA			
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTO	OR RELATIONS TO CANDID (if applicab	ATE* RECEIVE	V IF FOR FUND- RAISER
1	ID#	Linda Murken		<u> </u>	INCOME
10-12-0	7 CK#	17185 George Washington GILBERT, IA 50105	CAROOR	\$	00
	ID# 6098	I OWA BEU PAC		50	
12-1-07	CK# 3546	321 E. WALNUT, STE310			
	ID# 6058	JOS Moines IA 50 TOWA CHIROPRACTICS T	304	250	<u> </u>
1-08-08	CK# 4202	TOWA CHIROPRACTIC SOCIETY 1605 N. ANKENY Blud, Suite!	100		
	D#	Ankeny IA SOOLS RAE LKE		100	
1-08-08	()	672 BurneTT			
	D# 6113	AFSME COUNCIL AL POSOLO	Acat	50	
1-08-08	CK# 4014	AFSME, Council 61 People, 4320 N.W. Second Ave	7221		
	D# 6488	Des Moines TA 50313 IOWA PROVIDERS' PAC		500	
1-08-08	CK# 2028	7025 HICKMAN Rd. STO 5			
\mathcal{H}	ID# 6078	URBANDALE, IA 50322 LOWAT Physical Thomas PAC		250	<u> </u>
1-14-08	CK#	Lown Physical Therapy PAC 8355 University Bird, STel Clive, IA 50325	\		
	10#	36325		100	
	CK#		4		
	ID#	C a amortion	1		
	CK#	See american	Я		
	ID#				
	CK#	·			
Rick	Ebert, per	candidate	SUB-TOTAL		
		TOTAL (if last pa	age of this schedule)	\$ 1300	
* Disclosure law requi	res candidate committees t	disclose the relationship of any relative making a seastiful	o : -: and schedule)	\$8052	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by familial relationship, enter "not applicable" in the relationship column.

Page _____of ____

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

IA ETHICS AND

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SCHEDULE MONETARY (Rev. 07/03) RECEIPTS

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Committee
STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

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CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable)	THE AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUR :=	
(1-11-12-12-12-12-12-12-12-12-12-12-12-12	AND PAC CHECK NUMBER		TO CANDIDATE*	AMOUNT RECEIVED	√ IF I
	ID#		(if applicable)		RAIS
	1	Linda Murken	 	 	INCO
10-12-07	CK#	17185 George Washington CARD	er.	\$ _	
	ID# 6098	17185 George Washington CARD		150	1
10	60/8	The own Kieu Mac			
12-1-07	CK# 3546	321 E. WALNUT, STE 310			
	ID# 6058	1 /25 Marian To		250	
_		JOWA CHIROPRACTIC SOCIETY PAC 1605 N. ANKENY Blud, SuiTe 100 Ankeny IA 260) 3		000	
-08-08	CK#4202	1605 N. ANKENY Blud, SuiTe 100			
	10#			100	L
	CK#	KHE / LKE		750	
00 - 08		1672 BurneTI	1		
	ID# 6113	Ames, 50010	1	50	L
-08-08	₩	AFSME, Council 61 People Acet. 4320 N.W. Second Ave			
	CK# 4014	19 Sec N.W. Second Ave			
	D# 6488	VES MIDINES THE SOLLS		500	
	CK# 2 -	TOWN PROVIDERS PAC			
08-08	CK# 2028	7025 HICKMAN Rd, STE 5			
1		LIRBANDALE, IA 50322		250	L
11-08	K# 1	LOWAT Physical Therapy PAC 8355 UNIVERSITY BIVE, STEK			
11-08		Clive, IA 50325	1	, 11	
"	D#	30325		100	
c	K#			Г	
 	,,		1	11	
10	P#				
CI	<#			T	
ID			1.		
1					
CH	(#	•	1	lΓ	
Rick C	la aust	Candidat e su			
ma c	peri, per	canaidat e su	B-TOTAL		

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE

B MONETARY
(Rev. 07/03) EXPENDITURES

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

1-1.1.0.00

COMMITTEE NAME (Must be same as on Statement of Organization)

CHECK THIS BOX IF AMENDING FORM

luz	ens for 4	Class proeschell		
DATE EXPENDED (MM/DD/YR)	CANBIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	CK#/07/	JAMES R. Cobb. 320 GRAND AUE WEST DES Moines 50265	Official Photo	\$ 750
3-16-07	ID# CK#/072	Hyvee 3800 Lincoln Way Ames ()50010	fund RAISER	23400
3-17-67	ID# CK#/673	Lucy MARTIN 504 125m ST Ames IA 50010	PRINTING INVITATIONS for fund RHISER	136 96
1-09-07	ID# CK# /o70	Trasurér, State of IA	STATIONARY	10600
4-23-07	ID# CK#/074	Postmasica Ames Jown	Postage	32 48 50 00
	ID# CK# /075	The Continent AL 428 EAST LOCUST Des Moines () 50309	Fundraiser Expenses	30 od
7-27-07	ID# CK# /076	NITE OWL PRINTING 118 HAYWARD Ave Ames () 50014	PRINT Invitations for Fundraiser	174 62
- 1	ID# CK# /077	Postmaster Ames IA	Invitations To Aug. 18	352.27
			CUD TOTAL	<u> </u>

TOTAL (if last page of this schedule)

\$ 1093.

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page	 / of	<u> 2</u>
Page	 of	2

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE

B MONETARY
(Rev. 07/03) EXPENDITURES

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

CHECK THIS BOX IF AMENDING FORM

Citi		same as on Statement of Organization)		
DATE EXPENDED (MM/DD/YR)	CANDIØATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9-18-67	ID# CK# /0 79	Treasure's Fund Des Moines LowA	ConTR. bation	\$ 250°
	ID# CK#	Zour,		
	ID# CK#		-	
	ID# CK#			
j	ID# CK#			
BI	DP tru	man Yund, per can	SUB-TOTAL TOTAL (if last page of this schedul	1 250

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

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Page of 2

COMMITTEE	NAME (Must be same as on Statement of Organization)	00	D (Rev. 08/98)	INCURRED INDEBTEDNE
NOTE: Debts Sched	previously reported that remain unpaid must be included on this dule, as well as any new obligations incurred in this period.			CK THIS BO MENDING M
(DO NOT II	BLIGATIONS REMAINING THIS REPORTING PERI NCLUDE LOANS SHOW LOANS ON SCHEDULE	OD g EF) r e	goods or serve eceived, but i and of the rep	debt" is a debt for ices ordered or not paid for by the orting period., whether an involvied.
DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS O SERVICES PROVIDED OR PURCHASED		ANCE OWED A CLOSE OF REPORTING PERIOD*
10/08/04	Beth Wessel-Kroeschell 518 Ash Ave Ames IA 50014	Newspaper Advertising	S	188 ~
	TOTAL DEBTS OWED BY COMMITTEE AT TH	SUB-TOT.	28	7500
actual figure is ur	nknown, show "estimated" beside the figure.	P	age /	of /

SCHEDULE D

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTE	ENAME (Must be same as on Statement of Organiza	ation) chelf			IN KIND CONTRIBUTIONS THIS BOX IF ING FORM
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
6-5-07	IDWA HOUSE TRUMAN Fund		Invitations + Stamps for PAC cuent	\$ 2500	
	·				·
			,		
	·				
					·
			SUB-TOTAL TOTAL (if last page of this schedule)	\$ 25 - \$ 25 -	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

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SCHEDULE